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L E T T E R

T O T H E

A U T H O R

O F T H E

C R I T I C A L R E V I E W .



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M.DCC.LVII.

LETTER

TO THE

AUTHOR

OF THE



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M.DCCC.LXX.

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C R I T I C A L R E V I E W .

S I R,

IT is with no small degree of concern that the author of the ensuing pages, finds himself under a necessity of addressing you, or the public, in this manner. As he is of opinion that every publication tending to the improvement of useful arts should be exempted from the severer strictures of criticism, it was with the greater surprise he found himself charged with *violating truth to serve the purposes of calumny and envy.*

He takes, however, this opportunity to declare, that, unwarped by any personal prejudice or attachment whatever, he gave, as he apprehended, a fair and candid account of Dr. *Hunter's* paper.

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If

If he has the misfortune to differ from you, Sir, in regard to some particulars, he can, at least, safely affirm, that not the man, but the writer, was the object of his examination : Dr. *Hunter*, as you say, may have *distinguished himself by his superior talents, candor, and humanity*; but if the Reviewer did not exaggerate the merit of this gentleman's performance, he must beg leave to repeat what you apply to another, *Amicus Plato, &c. sed magis amica veritas.*

He has likewise, Sir, the satisfaction, after a perusal of what you are pleased to term a *serious discussion*, of not finding a single argument or observation, to induce him, in the least, to alter his opinion. He perceives, Sir, it is with you, as with many other modern critics, much easier to find round assertion and keen invective, than solid argument : Self-confidence and a heated imagination readily furnish us with the two first ; whereas, a clear head and a proper knowledge of our subject can alone supply the last.

But waving general reflexions, which prove nothing, I shall proceed to examine the matter in debate ; and if, in order to state it in the clearest light, I should be obliged to repeat the greatest part of what we have both already written upon this subject, I hope to be acquitted of prolixity, as you declare, you *should be glad to know thro' what hole or subterfuge I can make my escape.*

In this disquisition, I shall demonstrate, Sir, your boasted *trap* to be a meer spider's net, flimzy rubbish, and as easily brushed away. I further flatter myself, on a fair hearing, not only to be allowed the use of my *right senses*, but of being absolved from the charge of *malevolence, contradiction, and absurdity*; and hope to convince the public, that
what

what I advanced, candor admitted of, truth warranted, and the best authorities confirmed.

Thus much by way of preamble; I shall now consider your first article, as I intend to follow you step by step throughout the whole criticism.

The Doctor, I observed, takes no notice of the *annular muscular fibres* either in his description of the case, or in the remarks. This omission we regretted, as being sensible that such an account would have put an end to a dispute that has long subsisted concerning the existence of the true aneurism*; for the description of authors in general is so confused and inaccurate, that it is scarce possible to determine the state of the cases which they relate as true aneurisms; it being certain that almost every one of those instances was attended with a rupture of the coats: Besides, it is well known that blood extravasated into a cellular substance, will assume the appearance of a regular, circumscribed tumour, especially if the aperture is small, and the blood cannot find a free passage thro' the teguments; the laminæ being pressed together will present to our view, a smooth bag, that may be separated into layers, while the blood, which is now effused in too great a quantity to be dispersed, becomes firmer and harder by the pressure it suffers; since then (to use the learned professor *Monro's* † words) “ such coagulated blood is contained in a
“ membranous substance, the disease, in the case
“ we have supposed, will have the appearance of a
“ circumscribed encysted tumor, which the pulsation of the neighbouring artery, and the jett made
“ at its open orifice, will communicate a pulsation

* See Dr. *Friend's* History of Physick, vol. 1. and Dr. *Monro* Med. Essays, vol. 2. art. 16.

† Loc. cit. as also Disput. Chirurg. select. tom 5. art. 139. and Dr. *Hunter* loc. cit. p. 338.

“ to, till either the bulk of the swelling, the
 “ quantity of liquor below the coagulum, or the
 “ great resistance of the parts stretched on the tu-
 “ mor, render the vibration imperceptible; and till
 “ once the polypous concretion turns very large,
 “ the tumour will become much less on compressing
 “ it strongly, by the fluid blood being forced back
 “ into the artery, thro’ the perforation in its coats;
 “ that is, a tumour attended with all the symptoms
 “ of what is called *a true aneurism*, is formed,
 “ tho’ the principal part of the ordinary definition,
 “ viz. the distention of the proper coats of the ar-
 “ tery, is wanting.”

As the signs, therefore, of the true and spurious
 aneurism are so equivocal, it certainly was to be
 regretted that the Doctor did not minutely remark
 those fibres, having (as he himself tells us) had four
 such cases under his inspection in *London*, nearly
 within as many years.

You are pleased to observe, Sir, that the Doctor
 denies the existence of any such *annular muscular*
fibres, and that he is not to *contradict his own senses*
from blind complaisance to other anatomists; be it so,
 don’t let us wrangle about words. That there are
 fibres in what is generally called the muscular coat of
 an artery, I presume Dr. *Hunter* will not deny;
 let these be ligamentary, tendinous, or of whatever
 other species he pleases; would it not have been
 proper (for I must still urge it) in such a contraverted
 point, to have traced the continuity of those fibres
 at each extremity of the sac, with those forming its
 circumference: *no body will doubt*, you say, *that*
Dr. Hunter is capable of examining the parts of
a dead body: I am entirely of your opinion: This
 however but adds the more to my regret, for
 I had flattered myself with finding an exact dissec-
 tion of the coats of the aneurismal sac, which un-
 luckily

luckily is no where to be found : On the contrary, the Doctor rests the whole proof of the existence of the true aneurism, upon the præternatural distance of the three ascending branches of the curvature of the Aorta from each other, *which could not have been, if the coats had not been stretched there*. I own the force of the remark, and that it is difficult to solve this phænomenon upon any other principle ; but at the same time, I cannot help thinking that this important truth required a further confirmation from a dissection of those fibres, which would have effectually removed all doubts whatever.

But for this satisfaction, which the Doctor has not condescended to give, we are indebted to the illustrious Dr. *Haller**, who, in describing an aneurism of the Aorta, expressly remarks the sound state both of the muscular and inner coats.

Doctor *Hunter*, in remark the first, divides aneurisms into three species, calling the third, which he supposes to be formed partly by dilatation, and partly by rupture, the mixed species ; upon which I observed with all due deference, that such a disease cannot exist : “ for so long as the tumor is
 “ confined within the artery (no matter whether
 “ this is the effect of a dilatation of all the coats, or
 “ of a wound, erosion, &c. of one) it is even, by
 “ his own definition, a true aneurism ; if it bursts,
 “ it then falls properly under the denomination of
 “ spurious : Names ought never to be multiplied,
 “ unless it be to serve some good practical purpose.”

Your answer is, *what this critic means by a tumour confined within the artery, he best knows ; we apprehend, he might with the same propriety say, a house is confined within its walls*. I allow this illustration to be a smartness, and not very unbecom-

* Opusc. Pathol. Obs. 18.

ing a gentleman, whose peculiar strength seems to lie in word-catching. I should be much obliged to you, nevertheless, if you would help me to some better mode of expression; but till you are kind enough to do so, I must remain in my opinion, that the idea could have scarce been otherwise conveyed, on account of the necessary distinction between the two species of the disease. What you subjoin is of more consequence, *this, however, we know, that Dr. Haller says, he has frequently seen this species of aneurism; and whether Haller's assertion or the critic's opinion is to be preferred, the reader will decide.*

I could have wished you had quoted the passage in *Haller's* works (which you know are very numerous) where he mentions the mixed species of the aneurism, as it would have saved me a great deal of trouble, for I could not suppose, you would without the most careful examination, so peremptorily assert his having frequently seen this species. In my search, I met with a passage in *Haller*, which I shall take the liberty to insert*.

“ Verum alia est arteriosi diametri satis frequens
 “ mutatio, quam sæpe punctatâ arteriâ ipse produxi, alias ex incerta causa natam vidi; aneurysma volo, frequens in ranarum microscopio subjectarum, arteriis, tumorem ferè ovalem, in quem arteriæ truncus cordi propior, non mutatus, sanguinem effundit, & a quo inferior pars arteriæ sanguinem suum accipit. Adeo præter rem fuit, quando *aneurysma verum* a chirurgicis morbis, nonnulli scriptores remove conati sunt. sæpe vidi incerta ex causa nasci: deinde didici, quoties vellem, aneurysma facere. Lanceola separavi vicinam mesenterii laminam, ad

* Comment. Soc. Reg. Scient. *Götting.* tom. 4. p. 400.

“ utrumque arteriæ latus, tunc arteriam concussi
 “ & agitavi, ut solveretur cellulosis vinculis, qui-
 “ bus firmatur, ita paulo post, eo in loco, aneu-
 “ rysina vidi. Idem evenit, si arteria incidatur,
 “ ex ejus inprimis vulnere.”

It is evident, upon comparing this passage with those the Doctor mentions as proofs of the mixed species, that he thinks it an illustration of the doctrine he advances : but the conclusion you draw is very strange; for those dilatations Dr. *Haller* saw, and which, at last, he learned to produce himself, as often as he pleased, are so many evidences brought by him for the existence of the true aneurism, and corroborate in the strongest manner my assertion; so that I cannot help observing, you have been most unlucky, the very judge you have appealed to, having, in the most express terms, decided against you.

It is therefore unnecessary to examine particularly those cases which are urged by the Doctor, in proof of the mixed species : for even admitting the supposition, that when the outer part of the substance or coats of any artery is wounded, the inner will be gradually stretched; or, that when the inner coat is lacerated, the outer will be dilated, they may both with the strictest propriety, be reduced to the true aneurism.

I ought to observe, that the Doctor is not the first, who has added another species to the two commonly received; for *Emrich* * takes notice of a mixed kind, which he supposes to be formed by a transfusion of the serum thro' the porous and attenuated coats of an artery, &c. This, he tells us, his master *Hilfcherus*, in a treatise upon the aneurism, calls the anomalous species: why should not that be ad-

* Disp. Chirurg. select. vol. 5. p. 199.

opted, as well as the Doctor's mixed species? And then we shall have a fine string of technical terms, viz. the *true* aneurysm, the *spurious* including the *diffused* and *circumscribed*, the *anomalous* and the *mixed*: and pray, after all, what use can be made of these distinctions? However, as you omit answering that objection, I must inform you, the two latter have no foundation, and can only serve to puzzle and embarrass the student.

“ The Doctor, in remark 2d, makes PAULUS
 “ the author of the common division of aneurisms
 “ into true and false: but this we are sorry to ob-
 “ serve, is a mistake, into which a person of much
 “ less reading than Dr. Hunter ought not to have
 “ fallen: for Paulus Ægineta, who lived in the se-
 “ venth century, literally transcribes Galen (who
 “ lived in the second century) upon this subject,
 “ and expressly names Galen. Aetius too, who is
 “ also prior to Paulus, admits of this division.”
 This is my criticism upon that remark, to which
 you give the following answer. *The Reviewer, by
 implication, charges Dr. Hunter with ignorance, in
 saying Paulus was the author of the common division
 of aneurisms into true and false; and this notable
 critic affirms, that Paulus literally transcribes Galen
 upon this subject: nay, he declares, that Aetius ad-
 mits of this division. ——— Now we will venture to
 affirm in our turn, that neither Galen nor Aetius have
 made this division: Paulus indeed transcribes Galen
 upon this subject, but only with a view to tell us, he
 differed from him. ——— “ This is Galen's account (says
 “ Paulus) but we distinguish aneurisms thus:” Then
 he proceeds to his own division, describes the symp-
 toms, and prescribes the cures proper to each species.
 This being the true state of the dispute, the candid
 reader will judge, whether there is more malice or ig-
 norance in the Reviewer's Remarks. He is here fairly
 caught*

caught in his own trap; and we should be glad to know, thro' what hole or subterfuge he will make his escape.

I am not a little surprized that we should differ so widely in the sense of these authors: and, as I labour under the misfortune of being sometimes a little tenacious of my opinion as well as you are, when I think truth is on my side, I have subjoined these passages of *Galen* * and *Paulus Aegineta* †, that the learned and candid reader may decide for himself;

* Ἀρτηρίας δ' ἀνατομωθείσας, τὸ πάθος ἀνεύρυσμα καλεῖται, γίνε-
ται δὲ τραθείσης αὐτῆς, ἐπειδὴν εἰς οὐλὴν μὲν ἀφίκεται τὸ προσκείμενον
αὐτῆς δέρμα, μένει δὲ τῆς ἀρτηρίας ἕλκος μὴ τε συμφυθείσης, μὴ τε συνου-
λωθείσης, μὴ τε σαρκὶ φραχθείσης. Διαγινώσκεται δὲ τὰ τοιαῦτα παθήμα-
τα τῶν σφυγμῶν τῶν ἐργασαμένων ἀρτηριῶν, ἀλλὰ καὶ θλιβομένων ἀμφα-
νίσκειται πᾶς ὁ ὄγκος, παλινορμούσης εἰς τὰς ἀρτηρίας τῆς ἐργαζομένης αὐ-
τὸν οὐσίας. *GALEN. OPER. BASIL. 1538. tom. 3. p. 356.*

† Τὸ ἀνεύρυσμα ὄγκος ἐναφής ἐστι καὶ τοῖς δακτύλοις ὑπώπων ἐξ-
αίματός τε καὶ πνεύματος ἔχων τὴν γένειν. Φησὶ τὲ ὁ Γαληνὸς περὶ
αὐτοῦ, “ ἀρτηρίας ἀνατομωθείσας τὸ πάθος ἀνεύρυσμα καλεῖται. γί-
νεται δὲ καὶ τραθείσης, ἐπειδὴν εἰς οὐλὴν μὲν ἀφίκεται τὸ ἐπικείμενον
“ αὐτῇ δέρμα. μένει δὲ τὸ τῆς ἀρτηρίας μῆτε συμφύσεως μῆτε σαρκὶ
“ φραχθείσης. διαγινώσκεται δὲ τὰ τοιαῦτα παθήματα τῶν σφυγμῶν τῶν
“ ἀρτηριῶν. ἀλλὰ καὶ θλιβομένων. ἀφανίζεται πῶς ὁ ὄγκος παλινορμού-
“ σης εἰς τὰς ἀρτηρίας τῆς ἐργαζομένης αὐτὸν οὐσίας.” Ταῦτα μὲν ὁ
Γαληνὸς ἡμῖς δὲ διακρίνομεν αὐτὰ ἀπ’ ἀλλήλων οὕτως, τὰ μὲν δὲ ἀνατό-
μωσιν ἀρτηρίας γινόμενα προσηκόντως φαίνεται, καὶ ἐν βάθει τὴν σύστασιν
ἔχει καὶ κατὰ τὴν τῶν δακτύλων ἐπέρευσιν ὥσπερ ψόφος τις ἀκούεται
οὐδενὸς ἤχου ἐν τοῖς κατὰ ῥῆξιν ἀκουομένου. ἐκεῖνα δὲ περιφερῆ μᾶλλον
εἰσὶ καὶ ἐπιπολῆς ὑποπίπτοντα τὰ μὲν οὖν ἐν μασχάλαις καὶ βουβῶσι καὶ
τραχήλῳ γινόμενα καὶ τῶν ἐν ἄλλοις δὲ τόποις τὰ υπερμεγέθη παρατη-
σόμεθα χειρουργεῖν διὰ τὸ μέγεθος τῶν αγγείων. τὰ δὲ ἐν τοῖς ἄκροις καὶ
τοῖς κώλοις ἢ ἐν κεφαλῇ, χειρουργητέον οὕτως εἰ μὲν κατὰ νευρισμὸν ὁ ὄγκος
ἰγένετο διαιρέσει εὐθεῖαν ἐμβάλλουμεν τῷ δέρματι κατὰ μῆκος. ἔπειτα δια-
τείλλαντες αἰγίστροις τὰ χεῖλη καθάπερ ἐπὶ τῆς αγγειολογίας ἐλέγομεν
περιδερνόντες καὶ δι’ ἐξ ὕμνις ἡντων διακαθαίροντες, γυμνάζομεν τὴν ἀρτηρίαν.
καὶ τῇ τῆς βελόνης διαγωγῇ τῇ τε διὰ τῶν δύο βρόχων ἀποκινῶσι χρεισαμένοι
νέξαντες πρότερον φλεβοτόμῳ μετὰ τῆς ἀρτηρίας καὶ ἐνώσαντες τὸν περιεχό-
μινον τῇ ποιοτῶν χρεισάμεθα θεραπείᾳ. ἀχρεὶς ἀποπτύσεως τῶν βρόχων.
εἰ δὲ κατὰ ῥῆξιν ἀρτηρίας γένητο τὸ ἀνεύρυσμα, ἀπολαβεῖν χρὴ τοῖς δακ-
τύλοις σὺν τῷ δερματι, πᾶν ὅσον δυνατὸν εἰς τοῦ ἀνεύρυσματος. ἔπειτα
βελόνῃ διεῖρειν καὶ αὐτῶν τοῦ ἀπολειφθέντος, διπλὴν ἔχουσα λίον. καὶ με-
τα

himself; and I appeal to his judgment, after an attentive perusal, whether *Paulus*, after giving *Galen's* opinion, *proceeds to his own division*, as you are pleased to assert? Or whether, on the contrary, he not only transcribes *Galen* on this subject, but, in the most express terms, follows *Galen's* division? “ Thus far “ *Galen* (says he;) but” (whereas his diagnostic is taken from the pulsation and from the tumour’s subsiding upon pressure) “ we distinguish them in “ this manner: such as arise from an anastomosis, “ are more oblong and lie deeper, and upon the im- “ pression of the finger, make a sort of noise: those “ which follow upon a rupture in the artery, are “ generally more superficial, and rounder, without “ any such noise attending them.”

I might, on this occasion, produce the testimony of several eminent writers, as *Michael Doringius**, *Friend*†, and others, in favour of my opinion‡; but the meaning of *Paulus* is so very obvious, that any farther commentary or quotation is unnecessary.

But, ere we proceed to the rest, let me ask you, Sir, how you came to pass over in silence, a point,

τὰ τὴν διεκβολὴν ψαλλίσαι τὴν ἀγκύλην· καὶ οὕτω τοῖς δύο ῥάμμασιν ἀπολιπῶσαι τῆς κακίης τὸν ὄγκον ὡς ἐπὶ τῷ σαφυλώματι ἐλέγομεν· εἰ δὲ φόβος εἴη, τῆς τῶν ῥαμμάτων περιολισθήσεως, καὶ ἄλλην δι’ ἐμβλητικὸν βελόνην, διὰ τοῦ ὅλου πιέξαι τὴν πρῶτην· ἔχουσιν ὁμοίως ῥάμματι διπλοῦν· καὶ κόψαντες τὴν ἀγκύλην ἐκ τεσσάρων· οὕτω τὸν ὄγκον ἀπολιπῶσιν· ἢ κατὰ μέσον τομῶσαντες τὸν ὄγκον μετὰ τῇ ἐκκρίσει τοῦ δέρματος, περιέλωμεν καταλιπόντες τὸ δεδεμένον· καὶ σπληνὸν ἐπιθέντες ἐξ οἰνολαίου τῇ ἐμύτῃ χρῆσόμεθα θεραπείᾳ. PAULUS ÆGINETA. Edit. ALD. VENET. 1528. p. 86.

* *Fabrit. Hildan. Obs. Chir. cent. 3. observ. 44.*

† *Loc. cit. p. 183.*

‡ It is not material in this dispute, to observe, that these gentlemen, with many others, think *Galen* and *Paulus* are both treating of what we now call a spurious aneurism: the present question being, whether did *Paulus* follow *Galen's* division?

which

which, however trivial you may think it, is of the utmost consequence to be ascertained in practice? I shall here repeat it in the words of the Monthly Review. ‘ And as for *Paulus*’s different cure for each species, which the Doctor thinks, ‘ extremely well adapted to the different nature of these two diseases,’ might it not be asked, ‘ whether the common notion of a true aneurism occurring in the cubit, *v. g.* may not produce the worst effects, from such a great portion of the artery being necessarily included within two ligatures (the method proposed by *Paulus* for curing a true cubital aneurism) by which, ‘ many of the collateral arteries must of course be rendered useless? This objection is founded, not ‘ only upon the structure of the arteries, but also ‘ upon our not having one authenticated instance ‘ of a true aneurism in the elbow: nor is the authority even of *Heister*, *Le Dran*, &c. of great ‘ weight, as none of them mention any particular instance; while the most accurate account of ‘ a cubital aneurism clearly evinces the disease to ‘ be nothing else than the circumscribed species of ‘ the spurious aneurism.’

This being premised, I suppose, Sir, you know that the success of the operation for the aneurism, in which the trunk of the brachial artery is commonly tied, depends upon the state of those small twigs which are sent off from that artery, in its course along the arm, before it divides, and which anastomose with some ascending branches detached from the radial and ulnar arteries: the blood being denied a passage through the trunk, will be determined with a considerable impetus, into the branches sent off above the ligature; whence these are at last so much dilated, as freely to transmit the blood thro’ the anastomosing canals, into the radial

dial and ulnar arteries: the origin, size, and course of these collateral branches (as *Winslow* * calls them) vary, you know, very much: several, however, it is certain, spring from the artery, near to its division.——If you attend to these particulars, and at the same time peruse the history of such cases as have been described for true aneurisms in the elbow, you'll find there is not one instance, fairly stated, of any of these tumours belonging to that species of the disease; whereas, on the other hand, such as were particularly examined, proved to be only the circumscribed spurious species. Nor is it surprising, that these tumours should so far resemble the true aneurism, if you consider what has been already said. The case related by Mr. *McGill* † affords a remarkable proof of the justice of this assertion. The tumour was judged by several physicians, and all the surgeons who attended the Infirmary at *Edinburgh*, to be a true aneurism, till that excellent surgeon, by a careful dissection, traced the aponeurosis of the biceps muscle, and on cutting it through, found this appearance was only owing to the extravasated blood, without any dilatation of the artery. The consequence of this discovery was remarkable; the first ligature being now applied immediately above the orifice of the artery, the other below: whereas, had it not been for his dexterity, the ligature would have been made three or four inches above the aperture, and the patient, by that means, deprived of the best chance for the preservation of his limb.

The difference between the two methods is so very great, as far as relates to the event of the operation, that, until you or the Doctor can evince the contrary, I must think it ought to be a con-

* *Exposit. Anatom. Traité des arteres. N° 140.*

† *Med. Essays, vol. ii. art. 15.*

stant maxim in surgery, boldly to make an incision at once into the tumour, opening its whole extent, to judge the more accurately of the state of the artery ; and to include as little as possible of its substance within the two ligatures *. If this then is the case, I leave the reader to judge, whether the Doctor's indiscriminate approbation of *Paulus's* method of cure for the two species of the aneurism, is well founded ? Or whether, as the symptoms are often so equivocal, it may not be productive of the worst effects ?

In Remark 18. the Doctor observes, that surgeons should attempt to cure aneurisms (of whatever species) by compression before they have recourse to the operation ; on which the Review proposed the following query : ' Would not compression hazard a mortification, where the blood is diffused (as sometimes happens) all along the cellular substance.'

This you are also pleased to pass over, without the least notice : but either you or I must be widely mistaken, as I still think the direction is too general : for in the case now specified, where the cells are loaded with blood, and the vessels, nerves, &c. greatly compressed, a pressure applied with the same force, as in the other cases, would inevitably produce a gangrene. The only effectual method in this species of the disease, is immediately to lay bare the whole extent of the tumour ; and after cautiously extracting the grumous blood, to apply the most warm, penetrating, and antiseptic medicines.—— Nothing then requires a more different treatment ; nor can any precept be more repugnant to the principles of surgery, than to direct the same method of cure for the one as for the other.

* See the excellent *DE LA FAYE*, p. 705.

I hope

I hope you'll excuse this little detail, which I should not have entered upon, if I was not convinced of its usefulness in practice.

But it is time to consider your remarks upon this subject, which are not a little extraordinary, for you huddle together two or three distinct articles, which have not the least connexion with one another; I shall therefore be obliged to present the reader with the whole of this notable passage.

This candid gentleman, moreover, blames Dr. Hunter for recommending compression on aneurisms, before recourse is had to the operation; and in the very next paragraph accuses him of having adopted this method by the name of a very great improvement from Dr. Monro, without mentioning its author; so that while it was believed to be a suggestion of Dr. Hunter, our critic condemns it as a hazardous expedient; but, in the very next sentence, finding it was first advised by Dr. Monro, he extols it as a very great improvement.

This is such a flagrant instance of malevolence, contradiction and absurdity, that we can hardly believe the person who wrote it was in his right senses. His last paragraph is of a piece with the rest of his criticism. We are not a little surprized, says he, that in remark second, the Doctor should treat two writers of the most distinguished abilities with great contempt; these we understand by a note, are Dr. Friend and Dr. Monro. Let the reader pass sentence on the merits of this impeachment. Dr. Hunter's second remark consists of the following expressions; Paulus was the author of the division of aneurisms, &c. This is the whole remark, verbatim: Now, Reader, determine whether Dr. Hunter has, in the article before you, treated Dr. Friend and Dr. Monro with contempt; and whether any thing could be more false and petulant than this

this unprovoked attack upon the character of Dr. Hunter.

Allow me now, Sir, to tell you, that if you had known any thing either of the nature or history of this disease; and which is still more, if you had shewn the least regard for truth, you would have observed, that both Remark the second and the eighteenth, had been already considered, and that the sense of those paragraphs had not the smallest reference to the criticism; for how could Dr. *Friend* and Dr. *Monro* be hinted at in remark the second, which related only to *Paulus*? and how could Dr. *Hunter* adopt the improvement of pressure from Dr. *Monro*, who, after relating a case of the circumscribed spurious aneurism, proposes a considerable improvement in the operation?

These, Sir, are such glaring contradictions, and so palpably absurd, that a candid and ingenuous critic would have examined those passages quoted from Dr. *Friend* and Dr. *Monro*; on comparing which, with the meaning of my criticism, he would have naturally been led to suspect some error of the press: as happens to be the case; for instead of remark the 2d, it should have been printed the 4th; and instead of number 18, it should be 23.

You have, if I am not misinformed, written a great deal, and must be sensible that such mistakes will happen, especially in periodical publications, notwithstanding the greatest care and attention. Suppose then an angry critic was eagerly to lay hold of any such errors, merely with a view of aspersing and painting *you* in the blackest colors? How would you resent such usage? But, without dwelling on this circumstance, I shall proceed to give the passage in the Monthly Review, as it now stands corrected.

‘ We

‘ We are not a little surprized, that in remark
 ‘ the 4th, the Doctor should treat two writers
 ‘ of the most distinguished abilities, with great
 ‘ contempt; and yet in another, number 23,
 ‘ adopt a very great improvement made by one
 ‘ of those gentlemen, in the operation for the
 ‘ aneurism, without mentioning his name. We
 ‘ cannot persuade ourselves, that the Doctor
 ‘ thought it would degrade him to take notice of
 ‘ those who have made any discovery upon this
 ‘ subject; tho’, by this indeed, our author would
 ‘ have less the appearance of an original; for,
 ‘ &c.’

That this censure may be the better understood, I must beg leave to inform the reader, that the aneurism is a disease greatly contraverted by authors; some contending that it is a dilatation of the artery; while others insist it is occasioned by a rupture in the coats, &c. But about the beginning of the present century, it was the general opinion that aneurisms were of two kinds; one by dilatation, the other by rupture. The arguments advanced in favor of each of these doctrines, it is not my business at present to examine. It will be sufficient to observe that Dr. *Friend**, in his remarks upon *Paulus Aegineta*, from an accurate discussion of those cases generally alleged to be true aneurisms, and for other reasons, endeavors to prove that the true aneurism seldom or never exists. This assertion was maintained some years after him by Dr. *Monro*†, by a variety of arguments drawn chiefly from the structure of the arteries: the characters of both these gentlemen are so deservedly eminent, and the reasons they urge, so strong and plausible, that I was not a little surprized Dr. *Hunter* should, in Remark the 4th, have

* Loc. cit.

† Med. Essays, vol. ii. art. 16.

ly these words, *This proposition* (the true aneurism) *tho' generally allowed, has been denied by some writers.* This will appear the more singular, as Dr. *Hunter* does not offer one solid objection to what either Dr. *Monro*, or Dr. *Friend* had advanced. — But what added still more to my astonishment, was, that in Remark 23 the Doctor has humbly deigned to take from Dr. *Monro*, a very great improvement * in the operation for the aneurism, without the least acknowledgement.

These then were the reasons that prompted me to make use of some terms in that paragraph, which, without an explanation, might appear exceptionable: If the expression of *treating with great con-*

* Dr. *Monro*, Med. Essays, vol. 4. art. 17. “ To make this operation more speedy and safe, I would propose, that as soon as the longitudinal incision is made, and the polypus, with the blood is removed, the patients elbow being bended some way, the operator should take hold of the humeral artery with the thumb and fore finger of the left hand, and griping it towards the back part, should push the needle close upon his own nails, by which he has a sure direction, whereby he may shun the nerve, which he can readily distinguish from the artery by feeling, and can, in that posture of the arm, easily draw the artery so far outwards as to keep free of the nerve.”

Med. Obs. art. 27. remark 23. “ In performing the operation for the aneurism in the arm, the readiest method of avoiding the nerve, which lies on the inside at a little distance from the artery, is to relax that vessel, by bending the arm moderately, and to raise the artery from its bed, by a probe introduced into its orifice, or by pinching it up with the finger and thumb.” — It is to be observed that the only part in Dr. *Hunter*'s remark, which is not to be found in the other, relates to the probe: but in reading the case mentioned in this article of the Med. Essays, the reader will find that Dr. *Monro* introduced a probe into the artery: And in Mr. *M'gill*'s article already quoted, a probe was also employed for the same purpose. The reason of this omission in the above excerpt, I apprehend, is that he judged the pinching of the artery was more secure.

tempt, or any other, be too strong, I am willing to give them up; it being sufficient for me that the reader is informed of the grounds upon which I proceeded.

Having traced the Doctor's treatment of those two gentlemen, it naturally occurred to me, that the rest of his remarks might be of the same kind: I therefore perused them with some attention, and communicated the result of this enquiry in these words, "For, if we are not greatly mistaken, it would be no difficult matter for a reader of tolerable erudition, to point out the several books from whence most of the Doctor's *Remarks* have been gleaned." This you are pleased to represent as "*a low venomous insinuation; if he had really thought the Doctor a plagiarist, he would have spared no pains to detect him; for, even if he had not tolerable erudition himself, his virulence would have directed him to some hireling, more equal to the task.*"

This, Sir, is so pressing an invitation, that it is very difficult to resist it; and yet the task is so invidious, and so great is my aversion to contravert, that I should not have prevailed upon myself to comply with your obliging intreaty, if I did not think this disquisition might prove of some advantage to the students in surgery.

Besides, what renders this task the less disagreeable, is the express approbation you are pleased to signify in these words; "*he proceeds to oblige the publick with a series of Remarks upon aneurisms, which denote the accuracy and judgment of that excellent anatomist; and which we heartily recommend to the perusal of all students in surgery.*" In prosecuting this task then, Sir, I presume you'll readily excuse me, if I pass over those Remarks,
that

that arise solely from the particular nature of the aneurism which the Doctor describes, as there are some circumstances peculiar to each case, and as these have no immediate relation to practice. I shall therefore dismiss the 5th and subsequent Remarks, to the 12th, without any farther examination; nor need I be particular about the 3d; altho', from its being one of the longest, one might be led to think it contained something of great importance; when, in fact, it's whole purport is, to account for a phænomenon which (even allowing the Doctor's solution to be just) cannot be of the least service, either in the aneurism, or in any other disease.

We come, then, to Remark 12th, in which the Doctor proposes this query, *Does not the true aneurism happen most commonly in the aorta?* no doubt it does, as may be learned not only from the four cases he himself met with, but also from *Morgagni*^a, *Friend*^b, *Haller*^c, and others; but I am at a loss to understand the reason here assigned for this; *where there are no collateral passages to carry off the tide, when any uncommon resistance or obstruction happens in the great canal*: Would not one be tempted to think, he meant, that the blood, like a tide, beat against the sides of the aorta, where it was every where confined! The Doctor surely cannot be ignorant of the large and numerous branches detached from this principal trunk, that may *carry off the tide*, &c. The true reason, as *Haller*^d judiciously observes, is, that the branches being stronger, in proportion,

^a Advers. Anat. 2. animad. 41.

^b Loc. cit.

^c Prim. lin. Physiol. N° 34.

^d Loc. cit.

than the trunks, the impetus of the blood will produce a much greater effect upon these last ; hence aneurisms occur much more frequently near the heart.

13. The Doctor's observation, "*That many scirrous, glandular, and encysted swellings in the fore part of the neck and in the throat, may be observed to have a very manifest or strong pulsation in every part of them, from the stroke of the adjacent artery,*" is just : but *Fallopious*^e long ago remarked this, and I believe it is well known, that the pulsation of any large artery will be communicated to the adjacent parts, as is evident from that simple experiment of placing the one knee over the other. *Lancisi* gives a particular instance of a mistake^f of this kind : and *Platnerus*^g very well observes, that abscesses and ecchymoses will, in this circumstance, assume the appearance of an aneurism : and that surgeons are well apprised of this particular, may easily be evinced from observing the frequent mention the antients, in general, make of aneurisms in the neck ; whereas the modern systems of surgery are silent upon that article.

14. Requires no commentary, as it is certain, that such a case as the Doctor is pleased to state, cannot possibly be distinguished.

15. Whether the cure is so nearly the same in all aneurisms, has been already considered.

The 16th and 17th, as they relate to the particular the case Doctor describes, and others he has seen, may be omitted : if the reader, however, wants further information upon this subject, he may have recourse to

^e Tract. de tumor. p. n. p. 284.

^f De motu cord. & aneurism. prop. 12. p. 219.

^g Instit. Chir. note to N^o 422. See also Dr. *Friend*, loc. cit.

those authors already quoted, with whom *Ruyseh*^h, *Littre*ⁱ, *Lancisi*^k, and *Le Dran*^l may be joined.

But I must inform him, that the reason assigned for *the mischief of artificial pressure in aneurisms of the aorta, where there is an outward swelling*, was already fully explained by *Lancisi*, who relates a curious instance of an aneurism in the intercostal artery, which in process of time formed a large tumour in the right side of the thorax, accompanied by a very sensible pulsation: the patient, weary of *Lancisus's* advice, had recourse to a surgeon, who, by applying an elastic steel-belt, like an hernial truss, forcibly retained the prominent aneurysmal sac within the thorax. The patient thought himself now very happy, tho', upon removing the instrument, the tumour instantly appeared; when he was suddenly seized with a great oppression of breathing, and having first spit up some blood, was suffocated from the aneurism's bursting internally. Among other remarks, this truly eminent physician concludes with these words, which, I hope, the reader will pardon me for transcribing. “ *Etenim*
 “ *quanquam in aneurismate optimum sit consilium,*
 “ *ipsa partis compressio, hæc tandem ibi proficit,*
 “ *ubi vel os vel durum aliud corpus arteriæ sub-*
 “ *sternitur, quod majori ejusdem renitatur distrac-*
 “ *tioni, quemadmodum accidit in artuum flexu-*
 “ *ris, aut in collo: sed ubi sola tenuissima tunica*
 “ *substrata est, pessimum erit, ut allatum exemplum*
 “ *ostendit, in quo arteriæ impetus, fere totus ex-*
 “ *tra delatus resistentes inveniebat musculos inter-*
 “ *costales, pectorales, nec non communia integu-*
 “ *menta: postea veró admoto cingulo, universam*

^h Obser. Anat. Chir. 37, 38.

ⁱ Apud Dr. *Friend*, loc. cit.

^k De Aneurysmat. passim.

^l Obser. Chirurg. tom i. obs. 40.

“ *distracta*

“distracta arteriæ vim nuda pleura sustinere co-
 “acta, facili negotio, et pleura et ipsa arteria ad
 “integram rupturam pervenerunt.” *Le Dran*^a also
 makes the same remark.

18—The beginning already considered.—The
 observation of the effects of pressure in *enlarging
 the collateral anastomosing branches, and thereby
 disposing the part to have a more free circulation,
 after the operation*, is due to that excellent surgeon
 the late Mr. *Petit*^b, who confirms it by this im-
 portant remark, that the operation for the aneurism
 almost always succeeds, if it is performed after a
 long continued pressure upon the artery.

19. The direction of discontinuing the pressure,
 when the tumor is pretty large, is very obvious;
 but I am surprized that the Doctor should omit one
 consequence, which is much more to be appre-
 hended than all the rest, I mean a gangrene, which
Heister^c also remarks.

20. Some writers, as *Heister*^d, *De La Faye*^e,
Platnerus^f, but especially *Le Dran*^g, are so explicit
 upon the treatment after the operation, and give such
 excellent directions, that I shall refer the reader to
 these gentlemen: the partial pressure which the
 Doctor mentions after the operation, is particularly
 recommended by *Le Dran*^h, who, tho' sensible of
 the great importance of keeping the anastomosing
 branches free; yet, in order to prevent the upper

* De motu cordis et aneurism. p. 249.

^a Loc. cit. p. 306. but the whole article deserves a careful
 perusal.

^b *Dionis* par *De la Faye*, p. 695. in a note.

^c *Instit. Chirurg.* vol. i. p. 436.

^d Loc. cit. & seq.

^e Loc. cit. & seq.

^f Loc. cit. art. 440, &c.

^g *Operat de Chirurg.* p. 536, &c.

^h Loc. cit.

ligature from yielding to the impulse of the blood, applies a small roller over that part of the artery. This is a most ingenious contrivance; but with the greatest deference to such a judicious practitioner, I humbly apprehend, that this is an accident which can scarce ever happen to a careful surgeon, and we often see much larger arteries tied without any such consequence: would it not therefore be better to lay aside the use of even this little roller, on account of the turns of the bandage necessarily pressing upon the circumference of the part, whence the collateral vessels must be more or less straitned, which it is plain, ought to be kept as free and pervious as possible? If the momentum of the blood is too great, the immediate and effectual remedy is venæsection: but this I only offer as a conjecture.

21. The Doctor, after allowing that "the brachial artery divides a little below the part where we commonly bleed in the arm," is pleased to subjoin, "*Yet perhaps it will be found, that the aneurism happens oftener to one of the branches than to the trunk of that artery, because these often lie nearer the skin, and are thereby more exposed to the injury.*" A strange assertion indeed! and which is refuted not only by a view of the ordinary distribution of these vessels at this part; but by the concurring testimonies of the most respectable writers, who are all of opinionⁱ, that the trunk is generally hurt. Sometimes indeed, in opening the median^k vein below the usual place, the radial artery, which advances forward in its course, may be pricked; but the Doctor makes no dis-

ⁱ *Monro Med. Essays, vol. ii. art. 17. Haller Icon. Anat. fascicul. 6. p. 22. See also Heister, Le Dran. &c. loc. cit.*

^k *Monro loc. cit.*

tinction;

tion; tho' it is certain from anatomy, that the ulnar artery can very rarely, if ever, be wounded, as it gradually sinks deeper towards the interosseous¹ ligament.

22. The Doctor observes, that “ *When the brachial artery divides into its two branches above the elbow, sometimes these branches lie at a considerable distance from each other in the bending of the arm; but commonly they lie close together at that part: therefore in an aneurism so circumstanced, it will sometimes be very easy, but commonly it will be extremely difficult to tie the one without the other.*”

This assertion, I presume, is founded upon those varieties the Doctor has met with; which are very different from such as I have seen, in which these two were separated a good way from each other. But let us even suppose them contiguous, it is much to be doubted if the Doctor's inference would follow; for the extravasated blood would insinuate itself between the two branches, and remove them to a greater distance from each other. This thought was suggested, from seeing two operations lately performed for the aneurism in the elbow, in both which, the artery was pushed a good way from the nerve, tho' the Doctor knows, that naturally these two are, for the most part, contiguous to one another.

The reader, therefore, is to judge, whether the latter part of this remark is just? “ *And, no doubt, it has often happened, that both have been tied, when only one of them required it; and that an aneurism in one branch had no better chance from the operation than if it had been in the trunk of the artery.*”

¹ *Haller loc. cit. p. 23.*

Upon this occasion, it may not be improper to transcribe the following passage from Dr. *Monro*^m :
 “ Sometimes when the median vein is opened lower
 “ than ordinary, the radial artery may be hurt !
 “ but then its wound must be so near its rise from
 “ the trunk, that it is impossible to make any liga-
 “ ture on the radial artery above the aperture ; and
 “ therefore, seeing the humeral artery must be tied,
 “ if the operation of the aneurism is performed, the
 “ consequences will be the same, as if the hume-
 “ ral artery had been wounded.” Upon com-
 paring these two passages, it is obvious, which
 is the best founded upon the principles of ana-
 tomy.

23, Already taken notice of.

24. The advice of slackening the tourniquet, af-
 ter having, “ made the first ligature above the ori-
 “ fice of the artery” is mentioned in the *Medical*
Essays : and, in my opinion, might be much bet-
 ter omitted ; for besides, that it is thence scarce
 possible to determine the event, it protracts an
 operation which ought to be finished with all
 convenient dispatch.

26—27, being general, do not properly fall un-
 der my examination ; I shall therefore only ob-
 serve, that altho’ I readily agree with the Doctor,
 that surgery “ receives its great lights from
 “ anatomy and physiology ;” I cannot help ob-
 jecting to the instance he produces in *Aetius* ; for
 does not the Doctor himself tell us, that “ *Paulus*
 “ has expressly laid down a different cure for each
 “ species, extremely well adapted to the different
 “ nature of these two diseases.” The reason of
 the difference between those two writers, I ap-

^m Loc. cit.

prehend was not so much owing to *Paulus's* superior knowledge in anatomy, which in those times was very little cultivated, as that *Paulus* was much the greater practitioner, and performed himself many operations, which *Aetius* only transcribed from others, and that very often in a confused inaccurate manner, as in this very disease the aneurism. And that this also was the general opinion of surgeons, is obvious from the much greater deference paid to the one than to the other. *Albucasis* every where transcribes *Paulus*; and *Fabritius ab aqua pendente*, commonly quotes him, very seldom taking notice of *Aetius*. All, therefore, that, in my opinion, can be drawn from this passage of *Aetius*, is, that he did not understand this operation, which *Paulus*, from his great experience, has excellently described. If the Doctor wanted a proof of his general assertion, the disease in question might have furnished him with ample evidence of the importance of anatomy in surgery. It is anatomy which teaches us that the cure of an aneurism after the operation, is effected by the gradual dilatation of the anastomosing branches: — to include, therefore, as little as possible, of the substance of the artery within the two ligatures; — to soften and relax the parts afterwards, that the blood may the more easily be transmitted into the radial and ulnar arteries: It is this which explains the several phenomena subsequent to the operation, as sometimes the pulse being much stronger, &c. it is anatomy which points out the seat, directs the hand, and suggests the proper means of cure in this as well as in every other case in surgery; in short, it is the great basis upon which a judicious and rational practice is founded.

BUT

But before I take leave of the Doctor, let me be permitted to mention another singularity; I mean his figure of the thyroid gland; the lobes of which are delineated quite distinct, as is evident from observing the curve described by the lower and inner edge of each lobe. The Doctor surely cannot be ignorant that the thyroid gland is one continued substance in the human subject. VESALIUS * indeed, who was followed by the generality of anatomists, describes this gland as consisting of two lobes, in which form it appears in sheep, oxen, and other brutes; but this error I thought had been long since exploded from anatomy †. Perhaps, however, it might have been some particular conformation in this subject; and yet, what will scarce allow me to think so, is, that as the thyroid gland is so very seldom incident to any variety of this kind, the Doctor would not have failed to remark such an extraordinary occurrence.

I have now, Sir, at your *request*, made some cursory animadversions upon the rest of the Doctor's paper, in which I might have been more particular; but, I presume, enough has been said to prove that "most of the Doctor's Remarks have been gleaned from other writers;" and, to sum up the whole, that an accurate anatomical investigation is wanting both in the case he describes, and in those others he met with; — that his Remarks upon aneurisms are too general, without the necessary restrictions; — that his practical Remarks are too few, and those, for the most part, not selected with judgment: — that in some places there is an unlucky affectation of singularity. Upon the whole, therefore, I am of your opinion, that, "*among all*

* *Hum. corp. fab. lib. 6. cap. 4.*

† *Eustach. tab. anat. 41. Morgagni advers anat. sect. 26.*

“ his observations, the most extraordinary is, that a
 “ surgeon actually proposed the operation to this mi-
 “ serable patient, who, as the Doctor archly observes,
 “ was prevailed upon to reject the proposal, partly be-
 “ cause it would be attended with some pain, and
 “ partly because he was told, that he could not ex-
 “ pect his life would be very comfortable, after the
 “ great artery was tied so near his heart.

Having thus, Sir, finished what I proposed, I cannot omit returning you my acknowledgements for the genteel epithets of, *low, venomous, bireling, ignorant, &c.* which, with an equal regard to truth and good-manners, you are pleased to confer upon me.

And what, Sir, was the mighty provocation? Was any thing advanced in the Monthly Review inconsistent with the strictest decorum? Or a single objection proposed without reasons assigned and authorities quoted? Was it then that I presumed to criticise a performance of *Dr. Hunter's*? Is he infallible? If liable to error, is it not the duty of a critic to point out such mistakes with becoming spirit and impartiality?

But I am sorry to observe, this is not the only instance in which you betray a want of candor, and knowlege of your subject: The same strain is preserved in most of your criticisms;—barren of matter to gratify curiosity or direct the judgment:—lavish of applause, or profuse in scurrility, as instigated by personal attachments, blind passion, or wanton caprice.

When the science of criticism is thus prostituted to the meanest purposes, — to offer incense to vanity, or give vent to malignity, without the least regard to reason or decorum, — it is no wonder if the contempt of the knowing and dispassionate part of mankind should be the natural consequence.

But I have done ; — it is by no means my intention to declaim upon this subject ; nor should I, but for the necessity there was of placing some particulars already specified, in a proper light, have taken the least notice of your *extraordinary note* : — Such a medley of *ignorance, falsehood, and virulence*, being rather entitled to contempt than to a *serious discussion*.

I am, SIR,

Yours, &c.

But I have done; — it is no more my intention to decide upon the subject; nor should I, but for the sake of there was of placing some particulars in a proper light, have taken the liberty of extracting some: — Such a method, indeed, and whatever being made the subject of a review.



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